



Transcript Release Form

Grades 1 - 8

Please complete this form and take it to your daughter's school so that transcripts may be forwarded to us as soon as possible.

TO PARENT OR GUARDIAN:

This form permits your daughter's current school to release the transcripts necessary to complete her application.

I/We hereby authorize _____
Candidate's Present School

School's Address

to release all transcripts for: _____
Candidate's Name

to The Girls' School of Austin.

Signature of Parent/Guardian

Date

Please forward transcripts to:

The Girls' School of Austin
2007 McCall Road
Austin, Texas 78703
(512) 478 5456 (fax)
(512) 478 7827 (phone)

